## Case 14-32532-KLP Doc 20 Filed 12/18/14 Entered 12/18/14 11:26:43 Desc Main Document Page 1 of 11

Fill	in this information to identify your c	ase.		
		d Simmons, Jr.		
	otor 2 Carolyn Anr			
Uni	ited States Bankruptcy Court for the	EASTERN DISTRICT	OF VIRGINIA	
	se number 14-32532		-	Check if this is:  ☐ An amended filing ☐ A supplement showing post-petition chapter
_	fficial Form B 6l			13 income as of the following date:  MM / DD/ YYYY  12/13
sup spo atta	plying correct information. If you use. If you are separated and you	are married and not filing w	ng jointly, and your spouse is li ith you, do not include informat	and Debtor 2), both are equally responsible for ving with you, include information about your ion about your spouse. If more space is needed, d case number (if known). Answer every question
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed □ Not employed	<ul><li>■ Employed</li><li>□ Not employed</li></ul>
	employers.	Occupation		Substitute Aide
	Include part-time, seasonal, or self-employed work.	Employer's name	Vulcan Construction	Brunswick County Public Schools
	Occupation may include student or homemaker, if it applies.	Employer's address	2500 Belfield Rd. Freeman, VA 23856	1718 Farmers Field Rd. Lawrenceville, VA 23868
		How long employed t	here?	3 years
Pa	Tt 2: Give Details About Mo	nthly Income		
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to report for any	line, write \$0 in the space. Include your non-filing
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information for all emp	loyers for that person on the lines below. If you need
				For Debtor 1 For Debtor 2 or non-filing spouse
2.	List monthly gross wages, sala deductions). If not paid monthly,			5\$\$\$
3.	Estimate and list monthly overt	ime pay.	3. +\$	0.00 +\$ 0.00

5,038.00

271.00

4. Calculate gross Income. Add line 2 + line 3.

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	tor 1 tor 2	Leroy Eldred Simmons, Jr. Carolyn Ann Simmons	_	(	Case	e number ( <i>if</i>	known)	14	-32532			
	Cop	by line 4 here	4.		Fo \$	or Debtor 1	38.00		or Debto		_	
5	Lict	all payroll deductions:										
5.	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.		\$_	1,3	36.00 0.00	\$		0.00	0	
	5c. 5d. 5e. 5f.	Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance	5c. 5d. 5e. 5f.		\$ \$ \$ \$		0.00 12.00 94.00	\$ \$ \$ \$		0.00 0.00	0 0	
	5g. 5h.	Domestic support obligations Union dues Other deductions. Specify:	5g. 5h.		\$		0.00 0.00 0.00	\$ + \$		0.00 0.00 0.00	0	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	2,74	42.00	\$		0.00	0_	
7. 8.		culate total monthly take-home pay. Subtract line 6 from line 4.  all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross	7.		\$_	2,29	96.00	\$		271.00	<u>0</u>	
	8b. 8c.	receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive	8a. 8b.		\$_ \$_		0.00	\$		0.00		
	8d. 8e.	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security	8c. 8d. 8e.		\$_ \$_ \$_		0.00 0.00 0.00	\$ \$ \$		0.00 0.00	0	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.		\$		0.00	\$		0.00	_	
	8g.	Pension or retirement income	8g.		\$		0.00	\$		0.00	_	
	8h.	Other monthly income. Specify: Prorated tax refund	8h.	+	\$_	29	90.00	+ \$	-	0.00	0	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$_	29	90.00	\$		0.0	00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		2,586.00	<b>)</b> + \$		271.00	= \$ _	2,8	357.00
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					·				0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certallies										357.00
13.	Do ; ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	i?							Comb		come

Official Form B 6I Schedule I: Your Income page 2

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Fill	in this inforn	nation to identify y	our case:					
Deb	otor 1	Leroy Eldred	d Simmo	ns. Jr.		Ch	eck if this is:	
		<u> </u>	<u></u>				An amended filing	
Deb	otor 2	Carolyn Anr	1 Simmor	าร				wing post-petition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ted States Bar	nkruptcy Court for the	EASTE	RN DISTRICT OF VIRGIN	<u>IA</u>		MM / DD / YYYY	
Cas	e number	14-32532					A separate filing for	or Debtor 2 because Debtor
(If kı	nown)					_	2 maintains a sepa	
$\bigcirc$	fficial F	orm B 6J						
			<del>_</del>					
		e J: Your						12/13
info	ormation. If		eded, atta	. If two married people ar ach another sheet to this on.				
Par	t 1: Des	scribe Your House	ehold					
1.	ls this a jo							
	□ No. Go	to line 2.						
	Yes. Do	oes Debtor 2 live	in a separ	ate household?				
	•	No						
			st file a sei	parate Schedule J.				
	_	Tes. Deptor 2 ma	ot me a sep	ourate correcatio o.				
2.	Do you ha	ave dependents?	■ No					
	Do not list Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not sta	te the						□ No
	dependent	ts' names.						☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No
3.	Do your e	expenses include	_	1	-		<u> </u>	☐ Yes
J.		of people other t	than _	No				
		and your depende		Yes				
Par	t 2: Esti	imate Your Ongoi	ina Month	ly Evnences				
Est exp	imate your	expenses as of y of a date after the	our bankr	uptcy filing date unless y cy is filed. If this is a supp				
•					_			
	•	•		government assistance i cluded it on Schedule I: Y	•			
	ficial Form		iu nave ini	ciuded it oii Schedule i. I	our income		Your exp	enses
		,						
4.		I or home owners and any rent for th		nses for your residence. I	nclude first mortgage	4.	\$	684.00
	payments	and any rention th	ie ground c	or lot.				
	If not incl	uded in line 4:						
		al estate taxes				4a.	· —	0.00
		perty, homeowner	•			4b.		142.00
		ne maintenance, re				4c.	· <del></del>	0.00
5.		neowner's associa		aominium aues <b>our residence</b> , such as ho	me equity loans	4d. 5.		0.00
J.	Additiona	o. tgage payiii	Jing for y	ca. reciacióe, such as IIU	oquity idalis	J.	¥	0.00

## Case 14-32532-KLP Doc 20 Filed 12/18/14 Entered 12/18/14 11:26:43 Desc Main Document Page 4 of 11

Utilities:   Sa	ebtor 1	Leroy Eldred Simmons, Jr.			
Section   Sect	ebtor 2	Carolyn Ann Simmons	Case numb	er (if known)	14-32532
Section   Sect					
Sharp   Mater, sewer, garbage collection   Sharp   S			_	_	
Sc.   Telephone, cell phone, Internet, satellite, and cable services   Sc.   Sc.   Sc.   Co.   Sc.   Co.   O.   O.   O.   O.   O.   O.   O.	6a.				
88 Other Specify: Food and housekeeping supplies Childcare and children's education costs Childcare and children's education costs 8 \$ 0.00 Clothing, laundry, and dry cleaning 9 \$ 7.00 Medical and dental expenses 10 \$ 40.00 Medical and dental expenses 11 \$ 0.00 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Do not include car payments, and religious donations 12 \$ 350.00 Charltable contributions and religious donations 13 \$ 0.00 Charltable contributions and religious donations 14 \$ 0.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. \$ 39.00 15c. Vehicle insurance 15b. \$ 0.00 15c. Vehicle insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 229.00 15c. Or include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal property taxes 17a. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17d. \$ 0.00 17d. Other. Specify	6b.				0.00
Food and housekeeping supplies Childicare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. \$ 40,00 Personal care products and services 11. \$ 0,00 Transportation, Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0,00 Charitable contributions and religious donations Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0,00 Charitable contributions and religious donations Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0,00 Charitable contributions and religious donations Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0,00 Charitable contributions and religious donations Entertainment, clubs, recreation, newspapers, magazines, and books 15. Life insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. \$ 39,00 15b. Health insurance 15c. \$ 229,00 15d. Other insurance. Specify: 15d. \$ 0,00 15d. Other insurance. Specify: 15d. \$ 0,00 15d. Other insurance. Specify: 15d. \$ 0,00 15d. Other insurance adviced from your pay or included in lines 4 or 20.  15g. \$ 16.00 15d. Charitable cares deducted from your pay or included in lines 4 or 20.  15d. Other insurance. Specify: 15d. \$ 0,00 15d. Charitable cares deducted from your pay or included in lines 4 or 20.  15d. Car payments for Vehicle 1 17d. Car payments for Vehicle 2 17d. Car payments for Vehicle 2 17d. Cher. Specify: 17d. Spe	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	169.00
Childcare and children's education costs  (clothing, laundry, and dry cleaning  Personal care products and services  (10. \$ 40,00  Medical and dental expenses  (11. \$ 0,00  Transportation, include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  (13. \$ 0,00  The insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  (15a. Life insurance  (15b. \$ 0,00  15c. Vehicle insurance  (15c. \$ 229,00  15c. Vehicle insurance.  (15c. \$ 0,00  15c. \$ 0,00  15c. Vehicle insurance.  (15c. \$ 0,00  15c. \$ 0,00  15c. Vehicle insurance.  (15c. \$ 0,00  15c. \$ 0,00  15c. Vehicle insurance.  (15c. \$ 0,00  15c. \$ 0,00	6d.	Other. Specify:	6d.	\$	0.00
Clothing, laundry, and dry cleaning 9 \$ 70.00 Personal care products and services 10 \$ 40.00 Medical and dental expenses 11 \$ 0.00 Transportation. Include gas, maintenance, bus or train fare. 12 \$ 350.00 Do not include car payments. 12 \$ 350.00 Charitable contributions and religious donations 14 \$ 0.00 Transportation include insurance deducted from your pay or included in lines 4 or 20. Do not include insurance deducted from your pay or included in lines 4 or 20. Do not include insurance deducted from your pay or included in lines 4 or 20. Do not include insurance 15b. \$ 39.00 Table Health insurance 15b. \$ 0.00 Table Health insurance 15b. \$ 0.00 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify. Personal property taxes 16b. \$ 0.00 Installment or lease payments: 17a. Car payments for Vehicle 1 17b. \$ 0.00 Installment or lease payments in Vehicle 1 17b. \$ 0.00 Trace. Car payments for Vehicle 1 17b. \$ 0.00 Trace. Other. Specify: 17c. \$ 0.00 Tother payments of vehicle 2 17b. \$ 0.00 Tother payments of vehicle 1 17b. \$ 0.00 Tother payments of vehicle 1 17b. \$ 0.00 Tother payments of vehicle 2 17b. \$ 0.00 Tother payments of vehicle 2 17b. \$ 0.00 Tother payments of vehicle 1 17b. \$ 0.00 Tother payments of vehicle 1 17b. \$ 0.00 Tother payments of vehicle 2 17b. \$ 0.00 Tother payments of vehicle 2 17b. \$ 0.00 Tother payments of vehicle 3 17b. \$ 0.00 Tother payments of vehicle 4 10b. Tother payments 5 10b. Tother payment	Food	d and housekeeping supplies	7.	\$	400.00
Personal care products and services	Chile	dcare and children's education costs	8.	\$	0.00
Name	Clot	hing, laundry, and dry cleaning	9.	\$	70.00
Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurances 15c. Vehicle insurances 15c. Vehicle insurances 15d. Vehicle insurances 15d. Vehicle insurance 15d. Vehicle insurances 15d. Vehicle i	Pers	onal care products and services	10.	\$	
Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  13. \$ 0.00  Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15a. S 39.00  15b. Health insurance 15b. \$ 0.00  15c. Vehicle insurance Specify: 15d. Other insurance. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other insurance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 61). 18b. \$ 0.00  19d. Other payments you make to support others who do not live with you. 19d. Other payments you make to support others who do not live with you. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses. 20c. Property, homeowner's association or condominium dues 20e. Property by cur monthly expenses from your monthly income. 23c. Subtract your monthly repenses from your monthly income. 23c. Subtract your monthly prepenses from your monthly income. 23c. Subtract your monthly prepenses from your			11.	\$	
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Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. \$ 39.00  15b. Health insurance 15c. \$ 229.00  15c. Vehicle insurance 15c. \$ 229.00  15d. Other insurance. Specify: 15d. \$ 0.00  15d. Other insurance. Specify: 15d. \$ 0.00  15d. Other insurance. Specify: 15d. \$ 0.00  15d. Created the second of the seco			14.	\$	
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15d. Other insurance. Specify:  15d. \$ 0.00  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: Personal property taxes  16. \$ 16.00  Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. \$ 0.00  17c. Other. Specify:  17d. \$ 0.00  17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 6!).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  19. Other payments you make to support others who do not live with you.  20a. Mortgages on other property  20a. \$ 0.00  20b. Real estate taxes  20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00  20b. Homeowner's association or condominium dues  20e. \$ 0.00  20her: Specify:  21. +\$ 0.00  21. +\$ 0.00  23a. Copy line 12 (your combined monthly income) from Schedule 1.  23a. \$ 2,857.00  23b. Copy your monthly expenses. from your monthly income.  23c. Subtract your monthly expenses from your monthly income.  25c. Subtract your monthly expenses from your monthly income.  25c. Subtract your monthly expenses from your monthly income.  26c. Subtract your monthly expenses from your monthly income.  27c. Subtract your monthly expenses from your monthly income.  27c. Subtract your monthly expenses from your monthly income.  27c. Subtract your monthly expenses from your expenses within the year after you file this form?  27c. For example, do you expect to finish paying for your car loan within the year of do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	15b.	Health insurance	15b.	\$	0.00
15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: Personal property taxes  16. \$ 16.00  Installment or lease payments:  17a. Car payments for Vehicle 1  17a. \$ 0.00  17b. Car payments for Vehicle 2  17b. \$ 0.00  17c. Other. Specify: 17c. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$ 0.00  20b. Real estate taxes  20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance  20c. \$ 0.00  20c. Property, homeowner's, or renter's insurance  20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00  20e. Homeowner's association or condominium dues  20e. \$ 0.00  20fther: Specify: 21. +\$ 0.00  20fther: Specify: 21. +\$ 0.00  20fther: Specify: 21. +\$ 0.00  20g. Copy jour monthly expenses. Add lines 4 through 21.  20e. Calculate your monthly net income.  21e. Copy line 12 (your combined monthly income) from Schedule I.  23a. \$ 2,857.00  23b\$ 2,414.00  23c. Subtract your monthly expenses from your monthly income.  23c. Subtract your monthly perses from your monthly income.  23c. Subtract your monthly net income.  23d. Subtract your monthly net income.  24d. Subtract your monthly net income.  25d. Subtract your monthly net income.  26d. Subtract your monthly net income.  27d. Subtract your monthly net income.  28d. Subtract your monthly net income.  29d. Subtract your monthly net income.	15c.	Vehicle insurance	15c.	\$	229.00
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Specify: Personal property taxes   16. \$   16.00					<u> </u>
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### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

#### CHAPTER 13 PLAN AND RELATED MOTIONS

NI CD 14 ()	Leroy Eldred Simmons, Jr.	$C \rightarrow V$
Name of Debtor(s):	Carolyn Ann Simmons	Case No: 14-32532

This plan, dated December 17, 2014, is:

- □ the *first* Chapter 13 plan filed in this case.
- a modified Plan, which replaces the
  - confirmed or □unconfirmed Plan dated 5/7/14.

Date and Time of Modified Plan Confirming Hearing: February 4, 2015 at 9:10 AM
Place of Modified Plan Confirmation Hearing:
701 E. Broad Street Rm 5100 Richmond, VA 23219

The Plan provisions modified by this filing are:

Adding post-petition arrears owed to Citifinancial Inc. Plan payout increased to 21%.

Creditors affected by this modification are: Citifinancial Inc.

NOTICE: YOUR RIGHTS WILL BE AFFECTED. You should read these papers carefully. If you oppose any provision of this Plan, or if you oppose any included motions to (i) value collateral, (ii) avoid liens, or (iii) assume or reject unexpired leases or executory contracts, you MUST file a timely written objection.

This Plan may be confirmed and become binding, and the included motions in paragraphs 3, 6, and 7 to value collateral, avoid liens, and assume or reject unexpired leases or executory contracts may be granted, without further notice or hearing unless a written objection is filed not later than seven (7) days prior to the date set for the confirmation hearing and the objecting party appears at the confirmation hearing.

The debtor(s)' schedules list assets and liabilities as follows:

Total Assets: \$102,655.26

Total Non-Priority Unsecured Debt: \$8,070.59

Total Priority Debt: \$375.52 Total Secured Debt: \$70,832.00

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- 1. Funding of Plan. The debtor(s) propose to pay the trustee the sum of \$487.45 Monthly for 7 months, then \$485.00 Monthly for 48 months. Other payments to the Trustee are as follows: NONE. The total amount to be paid into the plan is \$ 26,692.15.
- 2. **Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
  - A. Administrative Claims under 11 U.S.C. § 1326.
    - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10%, of all sums disbursed except for funds returned to the debtor(s).
    - 2. Debtor(s)' attorney will be paid \$\( \frac{2,991.00}{} \) balance due of the total fee of \$\( \frac{3,000.00}{} \) concurrently with or prior to the payments to remaining creditors.
  - B. Claims under 11 U.S.C. §507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid prior to other priority creditors but concurrently with administrative claims above:

Creditor	Type of Priority	Estimated Claim	Payment and Term
Virginia Dept of Taxation	Taxes and certain other debts	375.52	Prorata
			2 months

- 3. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
  - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 3(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 4 of the Plan. The following secured claims are to be "crammed down" to the following values:

<u>Creditor</u> <u>Collateral</u> <u>Purchase Date</u> <u>Est Debt Bal.</u> <u>Replacement Value</u>

#### B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay as to the interest of the debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

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#### C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 3(D) and/or 6(B) of the Plan, as follows:

Creditor	Collateral Description	Adeq. Protection Monthly Payment	To Be Paid By
Clary's Used Cars	2005 Pontiac G6 w/ 200,538 miles	100.00	Trustee
Southern Cars	NADA value 2001 Ford Taurus w/ 100.971 miles	75.00	Trustee

NADA value

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 6(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

#### D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

Creditor	Collateral	Approx. Bal. of Debt or "Crammed Down" Value	Interest Rate	Monthly Paymt & Est. Term**
Clary's Used Cars	2005 Pontiac G6 w/ 200,538 miles	4,200.00	4.25%	Prorata
	NADA value			44 months
Southern Cars	2001 Ford Taurus w/ 100,971	3,742.00	4.25%	Prorata
	miles			44 months
	NADA value			

#### E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

#### 4. Unsecured Claims.

- A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately 21
   %. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately 0 %.
- B. Separately classified unsecured claims.

Creditor	Basis for Classification	Treatment
-NONE-		

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- 5. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Primary Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
  - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement.

		Regular		Arrearage		Monthly
		Contract	Estimated	Interest	Estimated	Arrearage
Creditor	Collateral	Payment	Arrearage	Rate	Cure Period	Payment
Citifinancial Inc.	Residence located at: 1585	684.00	6,885.38	0%	44 months	Prorata
	Belfield Rd. Freeman, VA					
	23856					
	Doublewide					
	Tax assessed value					
Citifinancial Inc.	Residence located at: 1585	0.00	3,000.00	0%	44 months	Prorata
	Belfield Rd. Freeman, VA					
	23856					
	Doublewide					
	Tax assessed value					
	(POST-PETITION ARREARS)					

**B.** Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

		Regular			Monthly
		Contract	Estimated Interest	Term for	Arrearage
Creditor	Collateral	Payment	Arrearage Rate	Arrearage	Payment
-NONE-		<del></del>			

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

		Interest	Estimated	
Creditor	Collateral	Rate	Claim	Monthly Paymt& Est. Term**
-NONE-				

- **6. Unexpired Leases and Executory Contracts.** The debtor(s) move for assumption or rejection of the executory contracts and leases listed below.
  - **A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts.

Creditor	Type of Contract
-NONE-	

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**B. Executory contracts and unexpired leases to be assumed.** The debtor(s) assume the following executory contracts. The debtor agrees to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

Monthly Payment Estimated

Creditor Type of Contract Arrearage for Arrears Cure Period

-NONE-

- 7. Liens Which Debtor(s) Seek to Avoid.
  - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

**B.** Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u>

- 8. Treatment and Payment of Claims.
  - All creditors must timely file a proof of claim to receive payment from the Trustee.
  - If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
  - If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
  - The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- 9. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan.

  Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- **10. Incurrence of indebtedness.** The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, either unsecured or secured against personal property, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 11. Other provisions of this plan:
  - Citifinancial Inc. shall amend its proof of claim to include post-petition arrears owed within 30 days after amended plan is confirmed.

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Signatures:		
Dated: Dec	cember 17, 2014	
	red Simmons, Jr.	/s/ Robert B. Duke Jr.
Leroy Eldred	Simmons, Jr.	Robert B. Duke Jr.
Debtor		Debtor's Attorney
/s/ Carolyn Aı	nn Simmons	
Carolyn Ann S Joint Debtor		
Exhibits:	Copy of Debtor(s)' Bud Matrix of Parties Serv	get (Schedules I and J); ed with Plan
I certify that or Service List.	December 17, 2014 ,	Certificate of Service I mailed a copy of the foregoing to the creditors and parties in interest on the attached
Service List.		
		/s/ Robert B. Duke Jr.
		Robert B. Duke Jr.
		Signature
		America Law Group, Inc.
		2312 Boulevard
		Colonial Heights, VA 23834
		Address
		804-520-2428
		Telephone No.

Ver. 09/17/09 [effective 12/01/09]

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Wilkes-Barre, PA 18773

Bon Secours Richmond Health Sy P.O. Box 28538 Richmond, VA 23228

J L Walston & Associates 326 S Main St Emporia, VA 23847

Southern Cars 709 N. Main St. Emporia, VA 23847

Bon Secours St. Mary's Hospita c/o GREER P. JACKSON, JR. 8550 Mayland Drive Henrico, VA 23294

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Southern VA Regional Med. Ctr. 727 North Main St. Emporia, VA 23847

Central Vriginia Health Srvc. P.O. Box 220 New Canton, VA 23123

Lawerenceville Primary Care PC P.O. Box 459 Lawrenceville, VA 23868

Southside Regional Medical Ctr 200 Medical Park Blvd. Petersburg, VA 23805

Citifinancial Inc. PO Box 6043 Sioux Falls, SD 57117-6043

Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123

Stellar Recovery Inc 4500 Salisbury Rd Ste 10 Jacksonville, FL 32216

Clary's Used Cars P.O. Box 123 Brodnax, VA 23920 PASI P.O. Box 188 Brentwood, TN 37024 Virginia Dept of Taxation P.O. Box 1880 Richmond, VA 23218

Dr Leonards/Carol Wrig 1515 S 21st St Clinton, IA 52732

Quantum3 LLC for PO Box 788 Kirkland, WA 98083 Virginia Emergency Group P.O. Box 281743 Atlanta, GA 30384

EBI LLC dba Biomet 399 Jefferson Road Parsippany, NJ 07054

Receivables Management Systems P.O. Box 8630 Richmond, VA 23226

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Richmond Emergency Physicians P.O. Box 808 Grand Rapids, MI 49518

Fleshood Chiropractic Clinic 107 N Bruswick Ave. South Hill, VA 23970

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